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Revista Brasileira de Psiquiatria

RBPPsychiatry

Official Journal of the Brazilian Psychiatric Association

Volume 34 • Number 1 • March/2012

Letter to the Editors

Cognitive-Behavior Therapy-Online in OCD patient with hoarding symptoms

Obsessive-Compulsive Disorder is known as a disorder that is frequently very incapacitating, which affects the social, familiar, professional, and affective aspects of daily life. The present letter concerns the successful Cognitive-Behavior Therapy-Online of an OCD patient with hoarding symptoms. The use of internet/computer and CBT is a feasible treatment for obsessive-compulsive disorder with a comparable outcome as f2f therapy when the therapist is specialized in CBT and OCD.[1,2] There is suggestive evidence that online interventions[3] have a powerful impact, similar to face-to-face (f2f) therapy. Fenichel et al (2009)[4] stated that the online principles are the same as offline principles, that is, *"people are people, whether talking f2f, on the telephone, or through Internet"*. The patient-psychotherapist relationship in this context has some specific particularities that must be taken into account, such as the asynchronous versus synchronous time, the mix of several technologies and types of communication (voice, writings, e-mails, chat rooms,

Table 1 Improvements from April/2010 to December/2010

Measurements	Date		Results				
Beck - D	April						17
	December						01
Beck - A	April						37
	December						01
Y-BOCS	April	Obsessions					12
		Compulsions					14
		Total					26
	December	Obsessions					05
		Compulsions					04
		Total					09
DY-BOCS							
Dimensions			Time (0-5)	Disc. (0-5)	Interf. (0-5)	Imp. (0-15)	Total (0-15)
Contamination and Washing	April		1	3	0	----	4
	December		0	0	0	----	0
Hoarding	April		5	5	4	----	14
	December		1	1	1	----	3
Symmetry, Ordering, Arranging and Counting	April		2	1	0	----	3
	December		1	1	0	----	2
Aggression: violence and natural disasters	April		----	----	----	----	----
	December		----	----	----	----	----
Religious/sexual	April		----	----	----	----	----
	December		----	----	----	----	----
Miscellaneous	April		3	3	1	----	7
	December		1	1	1	----	2
All obsessions/compulsions	April		5	5	4	12	26
	December		1	1	0	0	2

Beck-D:Beck Depression Inventory; Beck-A: Beck Anxiety Inventory; Y-BOCS: Yale-Brown Obsessive-Compulsive Scale; D-YBOCS: Dimensional Yale-Brown Obsessive-Compulsive Scale; Disc: Discomfort; Imp; Impairment.

web-cams etc), and the psychotherapist ability to deal with such technology. Regarding phone therapy, Lovell et al (2006)[1] pointed out that using the telephone as a tool for CBT-OL of OCD patients was quite similar to f2f or group therapy with comparable high levels of approval and success. A 32 years old female patient with Obsessive-Compulsive Disorder and hoarding symptoms was treated with CBT-OL and pharmacotherapy. She completed the Beck Depression Inventory, Beck Anxiety Inventory, Yale-Brown Obsessive-Compulsive Scale, and Dimensional Yale-Brown Obsessive-Compulsive Disorder at baseline and end point (Table 1). The therapy took nine months in weekly sessions of 40 minutes using internet tools – Skype, MSN, e-mails, and phone calls, plus four 60 minute f2f sessions. Whenever it was necessary, the patient could access the psychotherapist by phone call. The pharmacotherapy started with fluoxetine with doses gradually raised until 80 mg/day and zolpidem 5 mg/night because the patient also had insomnia. As the patient persisted having important anxiety symptoms and as it was impairing CBT, quetiapine 25 mg/night and clonazepam 0.5 mg/night were associated and anxiety decreased. Quetiapine dose was gradually raised to 100mg/night and clonazepam was suspended. Considering the hoarding symptoms, the patient stated: *"I don't have any kind of obsessions, thoughts, fears or images preceding my behaviors. Just an urging feeling. If I don't to do it, I feel an unbearable anxiety".* These urge feelings are known as mental sensory phenomena, and compulsions are performed to release these feelings (to know more about sensory phenomena see Prado et cols, 2008).[5] The treatment was very successful. Patient stated that she was 98% better than in the beginning of the therapy. Nevertheless some limitations must be taken into account: patient and therapist have worked together in the past, possibly having caused some bias. The efficacy of this new approach should be tested by submitting OCD patients to new treatments with CBT-OL.

Acknowledgements: We thank the patient for consent and Mrs. Idalina Shimoda for her friendly support.

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Disclosure

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Eduardo Aliende Perin
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* Modest
** Significant
*** Significant: Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.
The founding sources had no role in the study design, collection, analysis and interpretation of data, writing of the report, and decision to submit the paper for publication.

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